

**APPLICATION FOR OCCUPATIONAL LICENSE
(PART B)
PERSONAL HISTORY QUESTIONNAIRE
ADVISORY STATEMENT**

DMV USE ONLY	
LE Code _____	
ASVI Veri. # _____	
DATE _____	INITIALS _____

The information required on the attached form pertains to eligibility for issuance of an occupational license. It is required under authority of Division 5 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue an occupational license.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the Public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Occupational Licensing Branch, P. O. Box 932342, Sacramento, CA 94232-3420, is responsible for maintaining this information.

Important — Read Carefully: This questionnaire must be completed by each person applying for an occupational license issued by the Department of Motor Vehicles. Before you submit this questionnaire with your application, be sure that you have signed it and that you have **fully** answered each question (front & back). **Incorrect information is grounds for refusal to issue a license.**

1. NAME

(PLEASE PRINT) LAST FIRST MIDDLE

Residence address _____

NUMBER AND STREET CITY COUNTY

STATE ZIP CODE Phone () ()

AREA CODE BUSINESS AREA CODE HOME

Social Security Number _____

"Your social security number will be collected pursuant to California Business and Professions Code §30. It is used in the administration of occupational licensing laws to determine eligibility for issuance or renewal of an occupational license subject to the applicable provisions of the California Vehicle Code, California Business and Professions Code §§29.5, 30 and 31, as well as California Welfare and Institutions Code §11350.6. It is also used to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support and Establishment of Paternity and Federal Payments for Foster Care and Adoption Assistance Programs, pursuant to 42 U.S.C. §405 and 42 U.S.C. §651 et seq.

Your social security number is not provided for public inspection; however, it will be provided in response to requests for information from state and federal agencies operating and involved in the collection of taxes and child support payments pursuant to 42 U.S.C. §601 et seq., and California Business and Professions Code §30.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to Business and Professions Code §30, subdivision (c)."

2. PHYSICAL DESCRIPTION

SEX COLOR HAIR COLOR EYES HEIGHT WEIGHT BIRTH DATE

Do you hold a valid California Driver's License? Yes _____ No _____
(Driver Instructor, Traffic Violator School Instructor, and all-terrain vehicle safety training instructor applicants **must** have a valid California driver license.)

If yes, show license number _____

Have you ever been known by or used any name other than the name appearing on this questionnaire?

Include the different way you sign your name Yes _____ No _____

If yes, what name? _____

3. EXPERIENCE AND EMPLOYMENT RECORD FOR THE PAST THREE YEARS: (List most recent first)

FROM MO YR	TO MO YR	DUTIES PERFORMED	EMPLOYERS: NAMES, ADDRESS, TYPE OF BUSINESS

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

Applicant Initials _____



OL # _____

NAME _____

EDUCATION: Driving School Instructor and Traffic Violator School Instructors ONLY

	NAME AND ADDRESS OF SCHOOL	NO. YEARS	GRADUATED? YES OR NO	DATE COMPLETED
High School*	_____	_____	_____	_____
College or University	_____	_____	_____	_____
Other	_____	_____	_____	_____

*Furnish high school diploma or educational equivalency (i.e., G.E.D. test scores, etc.) **No license can be issued until high school education is established.**

4. (a) Have you previously been or are you licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, verifier lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor? Yes _____ No _____
If yes, show license number _____
- (b) Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? Yes _____ No _____
If yes, show license number, type of license, action by department, date of action _____
- (c) Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never re-issued, or was suspended for cause, and the terms of suspension have not been fulfilled? Yes _____ No _____
If yes, describe type of license, license number, and state license was issued _____
- (d) Have you ever had a civil judgment rendered against you? Yes _____ No _____
If yes, was it a result of your activity under an occupational license issued by this department? Yes _____ No _____
If yes, state amount and whether paid or unpaid. _____
- (e) Were you ever a partner, managerial employee, officer, director, or stockholder in a firm that had a civil judgment rendered against it? Yes _____ No _____
- (f) Have you ever declared bankruptcy or were you ever a partner, managerial employee, officer, director, or stockholder in a firm that declared bankruptcy? Yes _____ No _____
If yes, give date bankruptcy filed and name and location of court of jurisdiction. _____

5. **APPLICANTS FOR OTHER THAN DRIVING SCHOOL/TRAFFIC VIOLATOR SCHOOL LICENSES/ ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION. EXCLUDING** traffic offenses, have you ever been **CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION** for any crime or offense, **either Felony or Misdemeanor, of ANY Federal or State** jurisdiction within the last ten years? (See notice on next page) Yes _____ No _____

APPLICANTS FOR DRIVING SCHOOL/TRAFFIC VIOLATOR SCHOOL OWNER, OPERATOR, INSTRUCTOR, ALL-TERRAIN VEHICLE SAFETY TRAINING ORGANIZATION. EXCLUDING traffic offenses, have you ever been **CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION** for any crime or offense, **either Felony or Misdemeanor, of any Federal or State** jurisdiction within the last ten years? (See notice on next page) Yes _____ No _____

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

Applicant Initials _____

TVS #

NAME

IMPORTANT NOTICE**IMPORTANT NOTICE****IMPORTANT NOTICE**

Describe "Yes" answer to any of the prior questions by listing each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns.

FOR EACH CONVICTION DISCLOSED, YOU MUST SUBMIT WITH THIS APPLICATION, A COPY OF THE ARRESTING AGENCY REPORT AND CERTIFIED COPY OF THE COURT DOCUMENTS.

Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out of country may result in the cancellation of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

Applicant Initials _____

FAILURE TO INITIAL CAN BE CAUSE FOR DENIAL OF LICENSE

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

(ATTACH SEPARATE SHEET, IF ADDITIONAL SPACE IS NEEDED.)

CERTIFICATION BY APPLICANT

I certify under penalty of perjury that the answers and information contained herein are true and correct to the best of my knowledge and belief.

DATE	SIGNATURE 
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EMPLOYING LICENSEE'S ACKNOWLEDGMENT

I have read, acknowledge and fully understand the information shown on this application.

DATE	AUTHORIZED SIGNATURE 	TITLE OR POSITION
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